

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101538913

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14		3		1		
15		3		1		
16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22		3		1		
23		3		1		
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25		3		1		
26		3		1		
27		3		1		
28		3		1		
29		3		1		
30		3		1		
31		3		1		
32		3		1		
33		3		1		
34		3		1		
35		3		1		
36		3		1		
37		3		1		
38		3		1		
39		3		1		
40		3		1		
41		3		1		
42		3		1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.			1	1	1	
TOTAL DEP.		1	1	1	1	
TOTAL CLAIMS		50	50	50	50	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		8		1		
52		8		1		
53		8		1		
54		8		1		
55		8		1		
56		8		1		
57	1	8		1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			1	1	1	
TOTAL DEP.		1	1	1	1	
TOTAL CLAIMS		50	50	50	50	